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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27576

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace memorial O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community Since 1921

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. R#1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank W. Blecha

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maggie Blecha

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June (Month) 7 (Day) 1867 (Year)

8. AGE: Years 79 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Jefferson Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maggie Blecha
(b) Address Lebanon R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W.E. Holsman
(b) Address Lebanon Mo.

19. (a) Aug 24, 1946 (Date received local registrar) (b) Orr Frankburger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1946 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 7/27 1946 to 8/4 1946 that I last saw he alive on 8/4 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	15 min.
Due to: Chronic myocarditis	unk.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature James D. Hope (M. D. or other)
Address Lebanon, Mo Date signed 8/5/46

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(Licensed Embalmer's Statement on Reverse Side)

3033

Received 8-26-46
Laclede County Health Unit
File No. 8-46-122
Date Filed 8-29-46

MAY 5 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed Dorothy M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.